## **Grants.gov Fellow Application**

**SECTION 1:** 



If you are interested in pursuing an opportunity as a Fellow with Grants.gov, please complete the Grants.gov Fellow Application form below, include the required documents listed in Section 4, and send it to Support@grants.gov or fax it to 202.260.4823 for the next Fellow Program recruitment session in March 2006. A member of the Grants.gov Program Management Office will review your application and contact you.

| Name:  |                     |                            |                  |
|--|---------------------|----------------------------|------------------|
| Title:   |                     |                            |                  |
| Telephone: ()  | Fax: ()             |                            |                  |
| Email:   |                     |                            |                  |
| Which of the fellowing heat government on a  | iti0                |                            |                  |
| Which of the following best represents you or your  O Private Academic Institution | _                   | ontrolled Academic Institu | tion             |
| O Research Institution (non-academic)  | O For-Profit Busin  |                            | HOH              |
| O Non-Profit Organization  |                     | n Tribal Government        |                  |
| O Public/Indian Housing Authority  | O State Governm     |                            |                  |
| O Count/Local/City/Township Government   | O Grant-Making F    | ederal Agency              |                  |
| O Government Policy Group  | O Government Ag     | = -                        |                  |
| How did you first learn about Grants.gov?  |                     |                            |                  |
| O Conference   | O Professional/Tra  | ade Publications           |                  |
| <ul> <li>Professional/Trade Website</li> </ul>                                     | O Search Engine     | please specify key word    | s                |
| O News Article   | O Television or Ra  | adio Show                  |                  |
| O Grants.gov Postcard  | O Grants.gov Suc    | ceed Newsletter            |                  |
| <ul> <li>Word of mouth from a colleague/friend</li> </ul>                          | O Other: (please    | specify)                   |                  |
| If you are a Federal employee please provide the following                         | llowing information | and then proceed to gu     | estion number 8. |
|  | _                   |                            |                  |
| GS Level:  |                     |                            |                  |
| Federal Agency:  |                     |                            |                  |
| Department:  |                     |                            |                  |
| Organization:  |                     |                            |                  |
| Street Address:  |                     |                            |                  |
| O'th   |                     | State:                     | Zip:             |
| City:  |                     |                            | Zip              |
| •  |                     |                            | Zip              |
| First Line Supervisor's Contact Information:                                       |                     |                            | Σιρ              |
| •  |                     |                            | Ζιρ              |
| First Line Supervisor's Contact Information:                                       |                     |                            | ·                |
| First Line Supervisor's Contact Information:  Name:                                |                     |                            | ·                |
| First Line Supervisor's Contact Information:  Name:  Telephone: ()                 | Email:              |                            | ·                |



## **SECTION 2:**

| Please complete the following questions to best match your skills and interest:   |  |  |  |  |
|---|--|--|--|--|
| Select a Grants.gov Fellowship period of performance  O Six Months  | One Year   |  |  |  |
| Select a Grants.gov performance area of interest (Please O Grants Policy and Management O Communication and Technical Assistance                                | select at least two areas of interest)  O Information Technology O Program Management and Operations |  |  |  |
| On a separate sheet of paper, please respond to the following three questions:  |  |  |  |  |
| Please describe why you would like to be a Grants.gov Fellow. (250 words or less)   |  |  |  |  |
| Please describe your past accomplishments and any state, local or Federal government, not-for-profit or grant community related experience. (250 words or less) |  |  |  |  |
| Please describe other job-related skills (i.e., language proficiencies, computer hardware/software expertise, etc.) (250 words or less)                         |  |  |  |  |
| SECTION 3:  |  |  |  |  |
| Please provide one to two references:   |  |  |  |  |
| Name:   |  |  |  |  |
| Organization:   |  |  |  |  |
| Telephone: ()   | _ Email:   |  |  |  |
| Name:   |  |  |  |  |
| Organization:   |  |  |  |  |
| Telephone: ()   | _ Email:   |  |  |  |
|   |  |  |  |  |

## **SECTION 4:**

Grants.gov is one of the 24 President's Management Agenda E-government initiatives led by the U.S. Department of Health and Human Services (HHS) operating under the governance of Office of Management and Budget (OMB). Potential Fellows are engaged with HHS, working through the Grants.gov Program Management Office.

To complete your application for consideration as a Grants.gov Fellow please submit the following required documents and signatures along with your completed application.



## **Required Documents:**

- O Written approval and commitment from your agency or organization to host a period of performance, as defined in Section 2 above, to work with Grants.gov while continuing to provide your salary, benefits, costs and related expenses for the duration of the agreed upon Grants.gov Fellowship period.
- O Written recommendation from your first line supervisor that indicates your strengths, any requested areas of detail and his/her support for the detail.
- O A recent version of your resume.